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Independent Claims 10 - 10 = 0 x 220.00 0.00 Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 x Large Entity Small Entity x No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. x The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: July 10, 2009 LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090		Remaining After	Number Previously Paid	Extra Claims Present			
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